



Original communication

When nightclub security agents assault clients more insight through a qualitative approach



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ABSTRACT

Between 2007 and 2009, aggressions by security agents of nightclubs on clients increased from 6% to 10% among community violence situations encountered at the Violence Medical Unit (VMU) at the Lausanne University Hospital in Switzerland. Most victims were young men who had been drinking alcohol before the assault. About one quarter (25.7%) presented with one or several fractures, all of them in the head area. (For more details, refer to the previous article “When nightclub security agents assault clients” published in 2012¹.) Following this first study, we performed a second qualitative study in order to bring more information about the context and highlight victims' behaviors and experiences. Four themes emerged: how the assault began; the assault itself; third-party involvement; and the psychological state of victims when they consulted the VMU. The findings of this second study complemented the statistical results of the first study by showing under what circumstances security agents of nightclubs respond with physical violence to situations they consider a threat to security. Furthermore, the study described consequences for the victims that could be quite serious. Our findings support the need for nightclubs to improve selection and training of security staff.

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1. Introduction

In 2012, we published a quantitative study on a clinical sample of patients who had been victims of physical assaults by nightclub security agents.¹ They were received at the Violence Medical Unit (VMU), the medico-legal consultation of the Lausanne University Hospital Center (CHUV), between 2007 and 2009. This initial study was motivated by the significant and increasing proportion of this type of assaults in the community violence^a category (from 6% in 2007 to 10% in 2009). The main results showed that in a sample of 70 subjects most of the victims were young men (median age 26; 93% male) who had been drinking alcohol before the assault (at least 74%). The victims presented with significantly more fractures than other community violence victims (25.7% vs. 14.45%) and all of the fractures were located in the head. Seventy seven percent of the assaults occurred on weekends and 29% around the nightclubs' closing time (between 4:00 and 5:00 a.m.).

We had concluded in the initial study that these findings raised questions about the ability of nightclub security agents to deal adequately with obviously risky situations and to ensure client security. Results were presented to the Observatory for Safety of the City of Lausanne and to managers of the largest nightclubs in Lausanne. Participants in this meeting were interested in having more information about the context of the violent events. In response to this request, we decided to perform a complementary qualitative study.

2. Population and methods

The population of the present study was identical to the one in the initial quantitative study; it consisted of 70 patients who consulted the VMU between 01.01.2007 and 31.12.2009 following an assault by a nightclub security agent. Nurses at the VMU provide consultations to victims of violence with oversight by VMU forensic pathologists. A typical consultation sequence starts with attentive listening by the nurse to the patient. This is followed by a clinical examination, including photographs of wounds. The consultation concludes with an evaluation of the victim's needs which includes advice on where to find additional help and support. An assault and battery report is produced, that can be used to file a complaint.

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^a WHO distinguishes three types of interpersonal violence: family violence, intimate partner violence and community violence.

The main objective of the study was to investigate in depth the victims' experience of the assault and its consequences. Therefore, qualitative material was gathered by transcribing relevant sections from VMU medical files and from VMU forensic assault and battery reports. The members of the research team^{5,6} then performed a thematic content analysis on this material. Significant elements emerged from the patients' "stories" of the violent event as a result of this analysis. Four main themes were identified:

1. The beginning of the assault
2. The assault itself (the sequence of events)
3. Third-party involvement (during the assault)
4. The psychological state of victims (at the time of their consultation at the VMU)

3. Results

3.1. Theme 1: the beginning of the assault

3.1.1. Location of the assault

The assaults occurred in 51.4% of situations on the property of the nightclub. Most of these assaults happened inside the nightclub (e.g. cloakroom, bar) but some were perpetrated on a terrace or in a courtyard. The victims had sometimes been forcefully taken away from common areas: a corridor, a storage room, an office, an elevator, a kitchen. In a few occurrences, the locations were not specified. In 7 cases, the assaults took place "out of sight". About one in ten (11.4%) aggressions started inside the nightclub and ended outside. In 37% of situations, the violent event took place in front of the nightclub, including the entrance or exit. Finally, 11.4% of aggressions took place exclusively outside the nightclub, including "in an unlit street" or "in the vicinity of the nightclub".

3.1.2. Events that triggered the assault

We wanted to know what events seemed to trigger the reported assaults. Five categories emerged. The first and most common trigger element of the aggression was a **verbal altercation or a fight** (40%). In some cases, it was initiated by the victim: "Mr. O. had an altercation with a man. They insulted each other before the man head-butted Mr. O's face. Mr. O's cousin intervened and was hit as well. The security agents of the establishment intervened and one of them grabbed Mr. O's cousin by the throat. Then, Mr. Occupational and his cousin were grabbed and pushed towards the exit". In other cases, the victim was not directly involved in the argument: "Mrs. M., her husband, her sister and a cousin were on their way home when they were caught in the middle of a fight in front of a nightclub. Suddenly, one of the security agents of the establishment came up to Mrs. M., grabbed her shoulders, lifted her up and dropped her on the ground. There, the security agent kicked her several times in the legs";

The second category included what we called **an incident** (15.7%). Some of the victims reported "classical" incidents, such as accidentally pushing somebody or breaking a glass: "As he was sitting with a friend, Mr. D. accidentally broke a glass. An employee came up to him, took him by the arm and asked him to take his belongings and follow him. Mr. D. asked why but got no answer. (...). Then, two others employees intervened and one of them pushed Mr. D. down the stairs. Then, two of the employees put the hands of Mr. D. behind his back and beat him up all over his body". Trigger incidents also consisted of a remark that irritated the security agent: "Mr. F. was standing with friends at the bar. A security agent told them to calm down. Mr. F. replied that they were here to party and were not looking for a fight. The agent left but came back a few minutes later and grabbed Mr. F. from behind with an arm around his neck. He pulled tightly. Mr. F. was afraid of not being able to breathe. The

security agent then continued dragging him towards the entrance. Mr. F. was lying on his back; the security agent put a knee on his belly and punched him". Some trigger incidents were also clients not respecting the smoking ban.

The third category of trigger events comprised **being denied entry to the nightclub or being expelled** from the premises. These situations amounted respectively to 14.3% and 7.1% of all trigger events.

The fourth category of trigger events was defined as **accusations against the victim** (7.1%). Victims were accused of: having been in the ladies room (if they were male); "having said things" about a security agent; wanting to steal a jacket (the victim said he was searching for his jacket in a pile of jackets); attempting to enter without paying (the victim said that the cash register had changed places); or quarreling with his friend (the victim said they were playfully fighting over his jacket).

The fifth category was the **absence of a trigger element**. It was observed in 11.4% of situations. For example: "While Mr. R. danced, a man who proved to be the boss of the club grabbed him by the arm and took him outside. Mr. R. did not understand why. There, a security agent with a baton came to Mr. R. and tried to hit him. A second security agent then kicked Mr. R.'s left tibia and made him fall to the ground. Then, the first agent hit Mr. R. with his baton on the head, the arms and the legs".

3.2. Theme 2: the assault itself

3.2.1. Insults and threats

Insults were uttered in 10 out of 70 situations, and in 8 of these situations by the security agent (three times they were of a racist nature). Similarly, threats were made in 10 out of 70 situations and in 9 of these situations by the security agent. Four situations involved both insults and threats. Victims were threatened with further violence or reprisals and in two of these situations, security agents made death threats. Moreover, it appeared that all threats occurred after the assault.

3.2.2. Instruments of physical violence

All victims of assaults by nightclub security agents reported physical violence and 66 out of 70 claimed to have been punched, kicked and/or head-butted. Twenty four victims reported having been beaten once they were on the ground.

3.2.3. Neck injuries

The quantitative study showed that the proportion of neck injuries was significantly higher for victims of assaults by security agents than for victims of other types of community violence (32.86% vs 19.70%, $p = 0.009$). Thus, 17 victims reported neck injuries inflicted as a result of seizing and/or strongly squeezing/pressing the neck, or by lifting the person by the neck. Eight of the victims mentioned difficulties breathing and/or were overcome by a sense of impending death.

3.2.4. Response of the victim after the assault

The most common response of the victims after the assault was to retaliate (physically 14 times or verbally 6 times), or to resist passively or protect themselves "by becoming a deadweight". Twelve out of seventy victims were not able to respond because they lost consciousness, experienced circumstantial amnesia, « a black hole », fuzzy memories, or "a flash". One of the victims spoke of himself after being beaten "as if I were dead". Some of the victims' response to the aggression by the security agents was to protest that they did not understand the violence.

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